



P.O. Box 2009, Glen Allen, VA 23058-2009  
 800-900-1155 Fax: 804-273-6144  
 healthandfitness@markelcorp.com

# HEALTH, SWIM and RACQUET CLUB APPLICATION

(Application required for each location)

## Section I – General Information

Name, as it should appear on the policy: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Web site: \_\_\_\_\_

## Section II – Business Information

Corporation     Individual     LLC     Partnership     Organization

Please indicate liability limit requested:  \$500,000     \$1,000,000    Years in business: \_\_\_\_\_

# years experience of current management: \_\_\_\_\_    Years at this location: \_\_\_\_\_

Please indicate the desired effective date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month / day / year

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Do you own or rent facility?     Own     Rent

If renting, Landlord Name: \_\_\_\_\_

Landlord Mailing Address: \_\_\_\_\_

2. Do you sublease space?     Yes     No

If Yes: a) To whom do you sublease? \_\_\_\_\_

b) For what purpose? \_\_\_\_\_

c) Do you require a Hold Harmless or Certificate of Insurance?     Yes     No  
 (If Yes, please attach a copy.)

3. Is this your primary occupation?     Yes     No    If not, what is? \_\_\_\_\_

4. Please describe other business activities you own, operate, or manage. \_\_\_\_\_

## Section III – Insurance Information

5. Is facility currently insured?     Yes     No    Annual Premium: \$ \_\_\_\_\_

Insurance Company Name (not agency): \_\_\_\_\_

6. Has a liability or medical claim been made in the last 4 years?     Yes     No

If Yes:	Type of Loss	Description of Loss	Amount of Loss
Date of Loss	(Acc. Med, Liability)		
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

7. Has similar insurance been canceled or declined in the last 5 years?  Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

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### Section IV – Operations/Employment Information

8. Square footage of the facility: \_\_\_\_\_ sq. ft.

9. Annual gross receipts: \$ \_\_\_\_\_

10. Number of Employees: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

11. Do you employ or contract with any of the following at your facility:

			# of Employees	# of Independent Contractors
a) Beauticians/aestheticians?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
b) Physical therapists?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
c) Massage therapists?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____
d) Personal trainers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____	_____

12. Do you offer Body Wrapping?  Yes  No

13. Do you have subcontractors (in addition to any listed above in #11)?  Yes  No

If Yes: Types: \_\_\_\_\_

14. Do you require a Certificate of Insurance from all independent contractors?  Yes  No  N/A

15. Are all employees trained in CPR/First Aid?  Yes  No

If No, how many are trained? \_\_\_\_\_

16. Do you provide training for CPR/First Aid by a certified organization?  Yes  No

17. Is someone with CPR/AED/First aid training on duty at all times?  Yes  No

a) Do you have working and accessible Automatic External Defibrillator (AED) onsite?  Yes  No

18. Do you operate a Key Club?  Yes  No (A Key Club is a facility that is open 24 hours or a facility where members may gain entrance at leisure, with no supervising employees on premises.)

19. Are you open to members and their guests only?  Yes  No

If No, please explain: \_\_\_\_\_

20. What percentage of your membership is rehab? \_\_\_\_\_% (i.e. joined on a doctor's recommendation to exercise for rehab purposes)

21. Do you require Hold Harmless/Waivers to be signed by all members?  Yes  No

If Yes, please attach a copy.

22. How often do you inspect your premises?  Daily  Weekly  Monthly  Other \_\_\_\_\_

23. How often do you inspect your equipment?  Daily  Weekly  Monthly  Other \_\_\_\_\_

24. Is equipment inspected annually by a professional servicing company?  Yes  No

If Yes, company name: \_\_\_\_\_

25. How often do you inspect wet areas?  Daily  Weekly  Monthly  Other \_\_\_\_\_

26. Do you keep a maintenance log for inspections of all equipment and machinery in wet areas? (i.e. saunas, hot tubs, jacuzzis)  
 Yes  No

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### Section V – Census Information

27. Number of members projected this year: Adults: \_\_\_\_\_ Children under 18 years: \_\_\_\_\_

28. Number of active members: \_\_\_\_\_

29. Number of members at this location: \_\_\_\_\_

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**Section VI – Financial Information**

30. Annual gross receipts from membership fees: \$ \_\_\_\_\_

31. Do you sell products?  Yes  No

If Yes: a) Annual Receipts from: Clothing: \$ \_\_\_\_\_  
Equipment – Retail: \$ \_\_\_\_\_  
Dietary Supplements: \$ \_\_\_\_\_  
Other Products: \$ \_\_\_\_\_ Describe: \_\_\_\_\_

b) Do you manufacture or re-label any as your own product?  Yes  No

If Yes, which products? \_\_\_\_\_

c) Do sales for any product exceed 10% of total gross receipts?  Yes  No

If Yes: Who manufactures the product(s)? \_\_\_\_\_

Are they sold under your label?  Yes  No

Are they sold under the manufacturer's label(s)?  Yes  No

Are you named as additional insured/vendor under the manufacturer's insurance policy?  Yes  No

32. Do you have any of the following: Annual Receipts (\$)

a) Snack Bar/Restaurant?  Yes  No \$ \_\_\_\_\_

b) Liquor/Wine/Beer?  Yes  No \$ \_\_\_\_\_ (Note: Market does not provide liquor liability coverage.)

c) Physical Therapy?  Yes  No \$ \_\_\_\_\_

d) Tanning?  Yes  No \$ \_\_\_\_\_

e) Nursery/Babysitting?  Yes  No \$ \_\_\_\_\_

f) Other income?  Yes  No \$ \_\_\_\_\_

If Yes, describe sources (including other businesses or activities): \_\_\_\_\_

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**Section VII – Safety/Activities Information**

33. Do you have any of the following:

a) Standard Health Club equipment? (i.e. free weights, circuit machines, cardiovascular, etc.)  Yes  No

b) Aerobics?  Yes  No

c) Handball?  Yes  No

d) Tennis?  Yes  No

e) Basketball?  Yes  No

f) Racquetball?  Yes  No

g) Whirlpool?  Yes  No

h) Shower Room?  Yes  No

i) Steam Room?  Yes  No

j) Sauna?  Yes  No

k) Hot Tub?  Yes  No

34. Do you have non-slip surfaces in all wet areas?  Yes  No

35. Do you have tanning devices?  Yes  No If Yes: How many beds? \_\_\_\_\_  
(If Yes, please complete our Tanning Bed Supplement.)

36. Do you have swimming pools?  Yes  No (If Yes, please complete our Swimming Pool Supplement.)

37. Do you have a climbing wall?  Yes  No (If Yes, please complete our Climbing Wall Supplement.)

38. Do you have any other indoor recreational facilities/soft play equipment?  Yes  No  
(If Yes, please provide a list of equipment.)

39. Do you have a summer camp offsite?  Yes  No  
(If Yes, please complete our Travel, Tournaments, Camps & Competitions Supplement.)

40. Do you have a restaurant/snack bar?  Yes  No

If Yes: Do you have the following:

- a) Deep Fryer?  Yes  No If Yes, is it equipped with an automatic fuel shut-off?  Yes  No  
b) Grill?  Yes  No  
c) Ansul System?  Yes  No

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**Section VIII – Day Nursery/Babysitting (Complete if applicable)**

41. Square footage of nursery area: \_\_\_\_\_ Sq. Feet  
42. What is the ratio of children to attendants? \_\_\_\_\_ children per attendant  
43. What is the age range of the children? \_\_\_\_\_  
44. Are parents/guardians required to be on premises while the child is in your care?  Yes  No  
45. Do you have written sign-in and sign-out procedures?  Yes  No  
46. Is there a smoke alarm in the day nursery?  Yes  No  
47. Is this a licensed daycare center?  Yes  No  
48. Is the nursery in a stand alone/separate building?  Yes  No

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**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit:  
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I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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- How did you hear about us? (Check one)  Previously Insured with Markel  
 Magazine Ad (specify): \_\_\_\_\_  Referred by: \_\_\_\_\_  
 Web site/search engine: \_\_\_\_\_  Other (specify): \_\_\_\_\_



**Additional coverages are available.** If you would like a quote on any of the following, please check the appropriate box(es), and applications will be mailed to you. Insurance agents may submit ACORD applications for these coverages.

**Coverage**                      **Please send me an application:**

Property:

Building                                     

Contents/Equipment                     

Sign   

Crime   

Business Income                          

Umbrella Liability                          

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## Please include the following with your application:

- Hold Harmless Agreements or Certificates of Insurance (if you lease or sublease space)
- Resumes of Directors and Instructors (if business has been in operation less than 3 years)
- Claims experience ("loss runs") from current insurer
- List of products sold
- List of indoor soft play equipment and photos of equipment
- Supplements where required, as stated throughout this application



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**Aquatics Supplement**  
**Youth Recreation/Child Care/Private Schools/  
 Health Clubs/Swim Clubs/Gymnastics/Social Service**  
 (To be attached to ACORD applications)

**Complete a separate supplement for each facility used.**

NAMED INSURED: \_\_\_\_\_

FACILITY LOCATION: \_\_\_\_\_

**GENERAL INFORMATION**

1. Is the swimming facility (check all that apply):  Private  Public  Lake  Ocean  Other
2. Is it (check all that apply)?:  On premises  Off premises  Above Ground  Below Ground  
 Indoor  Outdoor

**STAFFING**

3. Is the facility staffed with certified lifeguards for the appropriate water activity (pool, waterfront, shallow water)?  Yes  No
  - a) If yes, how many? \_\_\_\_\_
  - b) Certifying organization for lifeguards is (i.e. Red Cross, YMCA) \_\_\_\_\_
  - c) What is the lifeguard to swimmer ratio during swim times? \_\_\_\_\_ (Lifeguards) to \_\_\_\_\_ (Swimmers)
  - d) Are all lifeguards situated in positions where they can see all areas of the facility?  Yes  No
  - e) If guarding a pool, can they see the bottom surface?  Yes  No
4. Who supplies the lifeguards? (you or facility used) \_\_\_\_\_
  - a) If you supply the lifeguards, do you document all lifeguard in-service training?  Yes  No
5. Are pools monitored by staff members in addition to lifeguards?  Yes  No
  - a) Are staff members watching the pool situated in position where they can see all areas of the pool, including the bottom?  Yes  No
  - b) What is the total staff to swimmer ratio during swim times? \_\_\_\_\_ (Staff) to \_\_\_\_\_ (Swimmers)
6. Are staff assigned to supervise locker/changing rooms, sunbathing areas, etc?  Yes  No

**POOLS/SPAS**

7. Is the pool/spa compliant with The Virginia Graeme Baker Pool & Safety Act?  Yes  No
  - a) If no, explain action plan and time table for compliance \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Do you use pools/spas owned by other entities?  Yes  No
  - a) If so, do you confirm compliance with the Virginia Graeme Baker Pool & Spa Safety Act?  Yes  No
9. Do all pool drains and grates have covers that cannot be removed without using a tool?  Yes  No
10. If pool is outdoors, is it completely fenced with at least a 4 foot fence?  Yes  No
  - a) Does the pool have self locking gates?  Yes  No
  - b) Are gates locked when pool is not in use?  Yes  No
11. Are pool depths marked?  Yes  No
  - a) What is the maximum depth of water (in feet)? \_\_\_\_\_
  - b) What is the minimum depth of water (in feet)? \_\_\_\_\_

12. Do you test the pool/spa water a minimum of 2 times per day?  Yes  No
13. Is there a hot tub?  Yes  No
- a) Is the hot tub:  Accessible  Non-accessible  Attended  Non-attended
- b) Does the hot tub contain a locking cover?  Yes  No
14. Are all pools/spas cleaned daily?  Yes  No
15. Are all chemicals kept in a dry, ventilated, locked storage area?  Yes  No
16. Is there a working phone available near the hot tub/pool in case of emergency?  Yes  No

**ALL WATERFRONT INCLUDING POOLS**

17. Are warning signs and facility rules posted?  Yes  No
- a) Do posted rules meet state and local regulations?  Yes  No
18. Do you test each swimmer's swimming ability prior to allowing them to use the facility?  Yes  No
- a) Do you non-swimmers wear a visible identification?  Yes  No
19. Are all swimmers required to use a broad-spectrum sunscreen with a sun protection factor (SPF) of at least 15 while at any outdoors swim facility?  Yes  No
- a) Is sunscreen reapplied every 2 hours or after profuse sweating?  Yes  No
20. Do you have the following safety equipment at the waterfront? Check all that apply.
- Backboard  Portable oxygen  AED (Automatic External Defibrillator)  First Aid Kit
- Ring buoy  Reaching pole or shepherds crook
21. Do you use starting blocks?  Yes  No
- a) If yes, what is the depth of the water at the starting blocks? \_\_\_\_\_ feet
22. Are there diving boards or diving platforms?  Yes  No
- a) If yes,
- a) # of Boards Height(s) \_\_\_\_\_
- b) # of Platforms Height(s) \_\_\_\_\_
- b) Is the diving area clearly marked with a depth of at least 9 feet that extends out at least 16 feet from the end of the diving board?  Yes  No
23. Are there water slides?  Yes  No
- If yes, a) # of Slides \_\_\_\_\_ Height(s) \_\_\_\_\_ Length(s) \_\_\_\_\_
- b) Depth of water where slide enters: \_\_\_\_\_
- c) If used in a pool, are the slides approved by the manufacturer for pool use?  Yes  No
- d) How do swimmers enter the water when launching off the slide(s)?  At an angle **OR**  Horizontally

***Please attach rules for use of the water slide.***

24. Do you have water structures like water trampolines, blobs, inflatable platforms, etc?  Yes  No
- a) What type of structure(s) – List: \_\_\_\_\_
- b) Is there a minimum of 2 lifeguards assigned to each structure at all times?  Yes  No
- c) Can lifeguards see 360° around inflatables/trampolines/blobs, etc.?  Yes  No

***Please attach rules for use of the structures.***

25. Does the facility meet the Dept. of Environmental Quality (or equivalent) standards for water quality, including testing and cleaning frequency?  Yes  No

26. Do you have specific guidelines regarding closing the waterfront or leaving the facility due to water quality, visibility, weather or contamination?  Yes  No
27. Do you loan or rent the waterfront/pool to outside groups or individuals?  Yes  No
- a) If yes, do you require them to sign a hold harmless agreement in your favor?  Yes  No
- b) If yes, do you require a certificate of insurance & additional insured status on their policy from them?  Yes  No
- c) If yes, do you provide the lifeguards?  Yes  No
28. Do you loan or rent your lifeguards to outside groups or individuals?  Yes  No
- a) If yes, do you require the groups to sign a hold harmless agreement in your favor?  Yes  No
- b) If yes, do you require a certificate of insurance and additional insured status on their policy from them?  Yes  No
29. If the facility you use is off premises, are you required to sign a contract?  Yes  No
- a) If yes, do you hold the facility owners harmless in their favor?  Yes  No
30. List all water sports played, including the use of jet skis or other types of motorized equipment used. Do not include competitive, organized sports teams. \_\_\_\_\_

**LAKES/PONDS**

31. Number of ponds \_\_\_\_\_ lakes \_\_\_\_\_ rivers \_\_\_\_\_ on premises.
32. If facility is a lake and is used for activities other than swimming, is the swim area separated and clearly marked?  Yes  No

Comments: \_\_\_\_\_

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I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_



# TANNING BED SUPPLEMENT

(To be attached to Health, Racquet, Swim Club application)

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-900-1155 Fax: 804-273-6144  
healthandfitness@markelcorp.com

Insured's Name: \_\_\_\_\_

1. Are records kept on each customer for each visit and exposure time?  Yes  No
2. Are customers furnished information regarding bed and rays used?  Yes  No
3. Are customers limited to a maximum of 30 minutes per session?  Yes  No
4. Are all customers required to wear goggles when using the tanning beds?  Yes  No
5. Are all beds disinfected after each use?  Yes  No
6. Do all tanning beds produce less than 5.0 UVB radiation?  Yes  No
7. Are all tanning beds UL listed?  Yes  No
8. Are all tanning bed controls operated by the insured, NOT the customer?  Yes  No
9. Is there at least one currently tagged fire extinguisher on the premises?  Yes  No

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Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_



# CLIMBING WALL SUPPLEMENT

P.O. Box 2009, Glen Allen, VA 23058-2009  
800-900-1155 Fax: 804-273-6144  
healthandfitness@markelcorp.com

Insured's Name: \_\_\_\_\_

## Section I - Construction and Maintenance

1. How many climbing walls do you have on premises? \_\_\_\_\_
2. Was the climbing wall constructed by a professional with a Certificate of Insurance covering completed operations liability?  Yes  No
3. Are safety rules posted?  Yes  No
4. What is the height of each wall? Wall 1: \_\_\_\_\_ Wall 2: \_\_\_\_\_ Wall 3: \_\_\_\_\_

*Note: If all walls are under 8 feet in height, skip remaining questions. Sign and date document on page 2.*

5. Is there a certificate from a certified engineer or an approved vendor stating:
  - that the construction of the wall meets local and state building codes; **and**
  - that the belay system will exceed maximum possible stresses that all climbers can produce from simultaneous falls?  Yes  No
6. Is there a minimum of 6 inches of fall protection beneath the climbing wall out to a distance of 6 feet?  Yes  No
7. Are the belay system anchors "backed-up"?  Yes  No
8. Is climbing wall maintenance performed at least on an annual basis?  Yes  No
9. Is maintenance conducted by an outside professional resource such as a certified engineer or professional firm with proof of insurance?  Yes  No
10. Is a rope log maintained and used for daily operation?  Yes  No
11. Is the belayer anchored to a secure point?  Yes  No
12. Is there a program in place to identify equipment (ropes, harnesses, carabiners, etc.) that should be retired?  
 Yes  No If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section II - Operation and Training

13. Is there a documented training program in place which includes:
  - a. Rules for the climbing wall?  Yes  No
  - b. Harness and rope inspection?  Yes  No
  - c. Proper belay techniques?  Yes  No
  - d. Belay device failure or entrapment?  Yes  No
  - e. Set-up and take-down procedures?  Yes  No

- f. Emergency take-down procedures?  Yes  No
- g. Procedures for reporting problems?  Yes  No
14. Are belayers approved prior to their use of the wall?  Yes  No
15. Are the following always present when the wall is being used:
- a) A staff member who understands the safety rules and is certified to belay on the wall?  Yes  No
- b) A full-time staff member who holds a current certification in either Red Cross First Aid and CPR for the Professional Rescuer; or National Safety Council Level II First Aid?  Yes  No
- c) A full-time staff member positioned to have a clear and unobstructed view of the climbing wall and participants?  Yes  No
- d) A First Aid kit?  Yes  No
16. Is there a minimum age for belayers?  Yes  No If Yes, what age? \_\_\_\_\_
17. Describe your emergency response plan in case of an accident, including distance of your facility from ambulance and hospital. \_\_\_\_\_
- 
- 
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### Section III – Portable Climbing Walls (complete if applicable)

18. Does the portable climbing wall receive an annual inspection by a qualified ACCT PVM\*?  Yes  No
19. Are state inspection requirements met (if any)?  Yes  No
20. Do you obtain a Certificate of Insurance and warranty from the wall manufacturer?  Yes  No
21. Are auto-belay device cables inspected and/or replaced at least annually?  Yes  No
22. Is your staff trained annually by the wall manufacturer or ACCT PVM\*?  Yes  No
23. Is all staff training documented?  Yes  No
24. Do you obtain a signed waiver or release from all participants who climb off-site?  Yes  No
25. Do all your trailer drivers have Commercial Drivers' Licenses with formal CDL training?  Yes  No
26. Do you document all CDL training?  Yes  No

\*ACCT PVM = Association for Challenge Course Technology, Professional Vendor Member

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<http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Name: \_\_\_\_\_